

All,

Having spent innumerable hours at WSH over the past few months it breaks my heart that anyone on our Team would want the hospital to fail and I am confident that it does not represent the sentiment of the vast majority of our medical staff. The medical staff at WSH are some of the most dedicated professionals I have witnessed in my 35 plus years of state service.

These are tough times, the hospital is receiving unprecedented scrutiny by CMS, Legislators, media, state auditors and the general public. We are not perfect, not even close, but we have come a long way and we know what we need to do to move forward to create a safe hospital, safe staff and provide better quality of care.

Just as we are receiving unprecedented scrutiny we are also receiving unprecedented support from the Secretary and the Governor. That support has been evidenced by the decision not to open new wards until more psychiatrists can be hired, substantial increases in compensation and financial support for CMEs. I know that it is easy to look at all the things that we don't have and it is easy to complain bitterly when someone asks for more when we feel like we've already given everything we have. I also know that it is only by working together that we can prove that we deserve the trust that the public has put in us to care for some of the most vulnerable people in the state - our patients.

As I have watched the emails on the CMS Update and Time and Attendance over the last few days I cringe when I think about how they would read to the general public or the legislature. Please remember that emails are public documents that may be requested for review at any time by anyone. Saying this is not an attempt to thwart communication it is a request that you use some discretion and consider what you are saying.

I hope that you will always feel free to have open and frank discussions with Dr. Polo, Ron, me and anyone else in DSHS and invite you to reach out whenever you feel a need to do so or to participate in one of the many communication forums at WSH.

It is an honor and a privilege to work with you,

Victoria

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From: Wainer, Joseph (DSHS/WSH)

Sent: Friday, February 12, 2016 1:07 PM

To: Polo, James (DSHS/WSH)**Cc:** Adler, Ron (DSHS/WSH); Roberts, Victoria (DSHS/BHA)

Subject: RE: CMS Update (Federal and State Teams)

But what if the staff feels we don't deserve to pass CMS?

From: Polo, James (DSHS/WSH)

Sent: Friday, February 12, 2016 1:05 PM

To: Wainer, Joseph (DSHS/WSH)
Cc: Adler, Ron (DSHS/WSH); Roberts, Victoria (DSHS/BHA)
Subject: RE: CMS Update (Federal and State Teams)

Joe – great question.

The answer is YES

Page 5 under the 'Staff' Section, bullet 6 states, "I will work toward the hospital's success."

From my perspective, if a physician states that they hope we fail CMS in the work environment to anyone (staff or patients) – then that is NOT working toward the hospital's success. I would even go so far as to say, that I would get concerned that they would actually takes efforts to make the hospital fail.

Thanks, Jim

Jim Polo, MD
Chief Medical Officer
Western State Hospital



From: Wainer, Joseph (DSHS/WSH)
Sent: Friday, February 12, 2016 12:57 PM
To: Polo, James (DSHS/WSH) **Cc:** Adler, Ron (DSHS/WSH); Roberts, Victoria (DSHS/BHA)
Subject: RE: CMS Update (Federal and State Teams)

Jim,

Does this mean that if a physician expresses the opinion he or she hopes we fail CMS, this will be perceived as a violation of the code of conduct and may result in corrective action?

Joe

From: Polo, James (DSHS/WSH)
Sent: Thursday, February 11, 2016 5:28 PM
Cc: Adler, Ron (DSHS/WSH); Roberts, Victoria (DSHS/BHA)
Subject: CMS Update (Federal and State Teams)

Medical Staff Colleagues –

I apologize that this update is late – I had intended to send it this morning.
The Federal CMS Survey Team completed their survey yesterday afternoon ahead of schedule.

They out-briefed the Executive Leadership Team at 2:30.

Keep in mind that the Survey Team was composed of 4 members – 3 of which were the same surveyors from last visit.

They highlighted that the requirement of their Survey was to focus only on previous noted deficiencies (B Tags) on the Federal side. That did include virtually all medical aspects and Treatment Planning.

Their overall comment was that there was clear evidence of improvement from their previous visit and that staff were more engaged. The Out-brief for this type of a Survey is directed to focus on findings for improvement and not spend much time on what is going well. Consequently, an absence of comments associated with specific Tags means they were not a problem. Additionally, unlike The Joint Commission, 'on-the-spot' corrections does not allow them to eliminate the identified deficiency. Conversely, Immediate Jeopardies must be corrected immediately.

We had no Immediate Jeopardies.

Areas for Improvement:

1. Treatment Planning – lots of variation. Some units were superb (e.g. S units)
 - a. Treatment Plans need to be specific and updated.
 - b. Specificity requires targets and goals that can be tied directly to improvement (desired outcome).
 - c. Targets and Goals need to be measuredly and specific to the patient
 - i. "Assess and Observe" is not a Treatment Plan Objective – that is a job description for every clinical employee
 - ii. "Meet monthly with patient to discuss medication management" is not a Treatment Plan Objective – that is a process measure based on time and below Standard of care by Intensity of Service criteria
 - iii. Groups and Activities that the patient is attending need to be linked to the Treatment Plan with clarity of purpose and outcome/endpoint
 - iv. Team members and Group/Activity Leaders need to communicate and understand why a patient is in specific groups/activities
2. Treatment Plan Updates
 - a. When progress is not being made, teams must articulate alternate strategies to be implement even with tough patients. Lack of progress does not justified absence of attempts to try other strategies. Therefore, "no change in Treatment Plan" week after week is below Standard of Care.
 - b. Patients were noted to in and out of Restraints/Seclusion over long periods of time with no change in Treatment Plan, or even mention in the Treatment Plan. Cross-referencing demonstrated a lack of Attending Physician involvement
3. Active Treatment – good process in place, but it still needs to be hard-wired
 - a. For patient not going to Treatment Mall – there need to be alternative, and documented in the Treatment Plan.
 - b. Staff need to use the Activities Manual
 - c. Staff need to ensure that the request resources to follow through with activities in the Treatment Manual.

The Federal CMS Team will complete their report, and we will find out the result in about 2 weeks.

The State CMS Team called today. The Executive Leadership Team had a Conference Call with them. The A Tags were discussed. Our Team re-submitted a few corrections to our A Tag Plan of Correction which they will review tomorrow. I fully expect that they will Survey Western State next week. Notice of potential decertification must be posted 15 days in advance of the final set date which for us is March 1, 2016. We do not if we 'passed' the B Tags, and have not been inspected on the A Tags. Hence, I expect that CMS will pre-emptively issue notification of intent to de-certify Western State on Tuesday, February 16, 2016. If the State CMS Survey goes well, and the Federal Survey went well – they can always retract de-certification.

A note of caution – I heard a rumor that some physicians were voicing in the work place that they were hoping that WSH would fail the CMS Survey. This is extremely unprofessional and can easily be perceived as disruptive by staff. To Be clear – I have an expectation that all physicians behave in a professional manner and abide by the Code of Conduct while in the work place. If a WSH hospital physician notices a colleague that is not behaving with professionalism, I have an expectation that other physicians have the courage to confront that physician. Lack of doing so is also unprofessional and perceived by staff as encouraging and condoning that behavior.

Thanks, Jim

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